

05-02-2002 90115 006 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P-0000.00 64249*
 1. Entity Name

ROBE GISA INTL.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *34 GRAND BAY ESTATE* 3. Mailing Address *30 WEST MARIANA DR.*

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Key Biscayne, FL* City & State *Key Biscayne, FL*
 Zip *33149* Country Country

4. FEI Number *05-1022906* Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *IVARRO CASTILLO, ESQ.*
 Street Address (P.O. Box Number is Not Acceptable) *1390 BRICKELL AVE, #200*
 City *MIAMI* FL Zip Code *33134*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DIRECTOR Roberto Revello 30 West Mariana #300 Key Biscayne, FL 33149</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DIRECTOR Gilda Revello 30 West Mariana #300 Key Biscayne, FL 33149</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all alike empowered.

SIGNATURE: _____
 SIGNATURE READ TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 *305-311-9300*
 Date Daytime Phone #

CR2E034B (12/01)